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ABSTRACT

Identification and placement standards and guidelines for school districts in Hawaii are provided to enable autistic children to receive services under the "other health impaired" category. The procedural change, deleting autistic children from the "seriously emotionally disturbed" category, is reported to be a result of the technical amendment in the definition of autistic children under Part B of P.L. 94-142 (the Education for All Handicapped Children Act) and derives from recent research showing physiological rather than environmental etiology of the disorder. Described are procedures for identification, eligibility determination, programing, and the competencies required by teachers and ancillary personnel. A reference section with about 200 citations constitutes more than half the document. (MC)

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Programs and Services for the Orthopedically Handicapped and Other Health Impaired

Department of Education
State of Hawaii

ADDENDUM: HEALTH IMPAIRMENT DUE TO AUTISM

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Office of Instructional Services/Special Needs Branch □ Department of Education □ State of Hawaii
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MEMO TO: District Superintendents, Principals, Special Services Teams and Special Education Teachers

F R O M: Dr. Donnis H. Thompson
Superintendent of Education

SUBJECT: Addendum to "Programs and Services for the Orthopedically Handicapped and Other Health Impaired" Section of "Program Standards and Guidelines for Special Education and Special Services in Hawaii"

The Hawaii State Department of Education has adopted a recent technical amendment to Part B of the Education for All Handicapped Children Act (P.L. 94-142) redefining handicapped children (§ 300.5) who are "other health impaired":

> "Other health impaired" means (i) having an autistic condition which is manifested by severe communication and other developmental and educational problems; or (ii) having limited strength, vitality or alertness, due to chronic or acute health problems such as heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affects a child's educational performance (Federal Register, 46:11, p. 3866).

The addition of "autistic condition" to the disability category "other health impaired" is accompanied by the deletion of autism from the disability category "seriously emotionally disturbed" (now referred to as "emotionally handicapped" by the Department) due to the U.S. Department of Education's conclusion that the "original classification of autistic children is inappropriate because not all autistic children are 'seriously emotionally disturbed'" (p. 3866).

This change in the categorization of disabilities for special education eligibility will affect only the identification and evaluation of autistic children; the programming and placement of all handicapped children will continue to be based exclusively upon the assessed needs articulated in Individualized Education Programs (IEPs). Procedurally, the criteria employed for finding an autistic child eligible for special education varies significantly from the previous procedures and the purpose of this addendum is to outline these alterations in identification and evaluation, as well as some considerations for the programming for these youngsters in need of special education and related services.

Any questions regarding this change in procedure may be directed to Dr. Patrick McGivern in the Exceptional Children Section of the Office of Instructional Services (737-2166).

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MEMO TO: District Superintendents, Principals, Special Services Teams and Special Education Teachers

F R O M: Dr. Donnis H. Thompson
Superintendent of Education

SUBJECT: Amendment to Education for All Handicapped Children Act Concerning the Categorization of Autistic Children

This is to inform you of the recent technical amendment in the definition of "handicapped children" under Part B of the Education of the Handicapped Act (P.L. 94-142) as reported by the U.S. Department of Education in the Federal Register of January 16, 1981 which states, in part, that

> (1) The reference to "autistic children" is deleted from the disability category "seriously emotionally disturbed" [emotionally handicapped] under the definition of "handicapped children"; and (2) A reference to "autistic children" is added under the disability category "other health impaired" under the definition of "handicapped children" (vol. 46, no. 11).

This amendment in the Federal reporting procedures for the procurement of funds under P.L. 94-142 is adopted by the Department.

As of this date, all children with a documented diagnosis of autism may be found eligible for special education and related services under the disability category "health impaired" when other eligibility criteria are also met. All students previously diagnosed autistic may be assigned the disability category "health impaired" upon re-evaluation. Whenever any person working with such a student requests a change in disability category, the procedures for requesting re-evaluation are to be followed.

This procedural change in the reporting of handicapped children to the Federal Government affects only the identification and diagnostic evaluation of this population. The programming and placement of all handicapped children will continue to be based upon the assessed needs articulated in each student's Individualized Education Program (IEP), rather than on the basis of assigned disability categories.

Any questions regarding this change in procedure may be directed to Dr. Patrick McGivern in the Exceptional Children Section of the Office of Instructional Services (737-2166).

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Addendum to "Programs and Services for the Orthopedically Handicapped and Other Health Impaired" Section of "Program Standards and Guidelines for Special Education and Special Services in Hawaii"

Identification of Health Impairment Due to Autism

Historically, autism has been considered to be a psychosis usually closely identified with childhood schizophrenia. In recent years, however, research has suggested that autism is far more similar to retardation than to emotional disturbance. Still, there is a number of salient characteristics of the autistic which obviously exclude them from being considered retarded. Continuing research lends support to the notion that autism is most clearly a severe functional disorder with a physiological etiology rather than an emotional disorder brought about by interpersonal conflicts, or other environmental factors.

The American Psychiatric Association (1980) has classified Infantile Autism as a "Pervasive Developmental Disorder" in the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition (DSM III). This disturbance is "characterized by distortions in the development of multiple basic psychological functions that are involved in the development of social skills and language" as opposed to a "Specific Developmental Disorder" which is a delay in development. As a developmental distortion, the abnormal behaviors displayed would not be normal for any stage of development (page 86). The following criteria are presented for this medical diagnosis:

A. Onset before 30 months of age.
B. Pervasive lack of responsiveness to other people.
C. Gross deficits in language development.
D. If speech is present, peculiar speech patterns such as immediate and delayed echolalia, metaphorical language, pronominal reversal.
E. Bizarre responses to various aspects of the environment, e.g., resistance to change, peculiar interest in or attachments to animate or inanimate objects.
F. Absence of delusions, hallucinations, loosening of associations and incoherence as in Schizophrenia (pages 89-90).

"Childhood Onset Pervasive Developmental Disorder" is the diagnosis assigned to those who present the behavioral features B through F between 30 months and 12 years of age. This population is also considered "Health Impaired due to Autism". Therefore, the age of onset is not a criterion in the determination of special education eligibility for this condition.

Warren (1980) concludes that autistic students have a unique learning style which is "the result of cognitive deficits, primarily involving sensorimotor integration, and...the following characteristics:"

1. Seriously impaired short-term memory;
2. A tendency to prefer visual over auditory stimuli;
3. A tendency to learn more quickly when manipulative cues are used;

4. Difficulty in responding to more than one cue at a time;
5. A tendency to persist in a successfully learned response when a different instruction is given (perseveration);
6. A tendency to respond to stimuli not observed by others, which often results in problematic behavior; and
7. Stereotypic self-stimulation which impairs attention spans.

Warren explains further that "these children learn much more slowly than children who are mentally retarded, who have other handicaps, and who are normal, although a tendency towards selective attention can result in occasional feats of learning far out of proportion to the overall profile of autistic students" (pages 307-308).

Once the various definitions and behavioral characteristics of autism are considered, it becomes apparent that this condition is neither emotional disorder, mental retardation, nor specific learning disability. What can be said about the condition, given the findings of recent research, is that autism presents a certain impairment to a child's health. Although autistic children are generally blessed with robust physical health and a normal life span, their interactions with the environment are grossly impaired by various physiological abnormalities in their central nervous systems.

Eligibility Criteria for Health Impairment Due to Autism

A. Clinical diagnosis of "Autism" or "Pervasive Developmental Disorder" based upon clinical observation, interview, and evaluation by a state-certified clinical psychologist or licensed physician.

B. Statement by clinical psychologist or licensed physician that there is an absence of delusions, hallucinations, loosening of associations, and incoherence as in Schizophrenia.

C. Evidence that characteristics from three or more of the following behavioral clusters are chronic, i.e., the behavior has persisted for approximately one year:

1) Failure to develop normal attachments; indifference or aversion to affection or physical contact; failure to develop cooperative play and friendships; extreme aloofness; often appears to be deaf;

2) Extreme mood lability; catastrophic reactions to minor changes in the environment; unexplained rage reactions or panic attacks;

3) Ritualistic behaviors, e.g., hand flapping, repetitive peculiar hand or finger movements; insistence upon a fixed sequence of events; extreme preoccupation with odd objects; excessive clinging to one person; obsessive fascination with repetitive movements, especially those of spinning objects; stereotyped rocking or other rhythmic body movements;

4) Hypersensitivity or hyposensitivity to sensory stimuli, such as light pain, sound, or touch; self-mutilation, e.g., biting or hitting self, head-banging; lack of fear of real dangers;

5) Morbid preoccupations; bizarre ideas, strange fantasies; pica, i.e., the craving to consume non-foods.

D. Absent language or evidence that five or more of the following communication disorders are present;

1) Immature grammatical structure;

2) History or presence of delayed or immediate echolalia;

3) Pronominal reversals, e.g., use of "him" instead of "me";

4) Nominal aphasia, i.e., inability to name common objects;

5) Inability to use abstract terms;

6) Metaphorical language, e.g., the use of a key word to represent a whole experience that a child would like to repeat;

7) Abnormal speech melody;

8) Inappropriate nonverbal communication, e.g., gestures, facial expressions.

Programming

It is strongly recommended that IEP conference participarts work together closely so that efforts to stem various learning problems can be coordinated between home and school. There may be a variety of service delivery options for the autistic student; the possibility of a mainstreaming experience in a regular class should not be ruled out.

The need for careful observation of the autistic child in natural environments, rather than in artificial testing situations, is emphasized. Educationally relevant assessment data is crucial to the development of an effective IEP. IEP revisions may be required more frequently with autistic children than with other handicapped populations and a willingness to revise a program accordingly is essential to appropriate programming.

Donnellan (1980) presents some convincing evidence based upon recently available research on the education of the autistic which strongly suggests the efficacy of certain teaching strategies for this population:

1. Students with autism can learn many skills (Lovaas, 1977);
2. Students with autism can be taught to perform in response to cues from a wide variety of persons (Koegel, Russo, and Rincover, 1977);

3. Students with autism have poor generalization skills and must be taught in a variety of settings to ensure that desired skills will be performed in those settings(Koegel, Glahn, and Nieminen, 1979);
4. It is possible to teach a wide variety of personnel to deal with persons with autism, thus providing students with autism access to a greater variety of living and learning environments (Donnellan, LaVigna, Schuler, and Woodward, 1979);
5. Autistic and other severely handicapped students can be taught age-appropriate and functional skills in natural environments (Goetz, Schuler, and Sailor, 1979);
6. It is relatively easy to attract large numbers of people to work with these students (Warren, 1980).

On the bases of these findings, Donnellan proposes that all curricula for the autistic be functional activities referenced to actual demands of the natural environment surrounding the student. In line with this thinking is Schuler's (1980) emphasis on the need to focus on the development of functional communication, rather than on vocal language exclusively. Schuler contends that alternative, nonverbal communication methods, such as signing, should be utilized to a greater extent in the education of the autistic.

The programming needs of this handicapped population are most unique, often requiring very novel and creative methods as well as an enormous amount of effort and patience. Still, it is incumbent upon the IEP conference participants to develop a program which prepares an autistic child to function as independently as possible in residential, vocational, and leisure settings in the community.

Competencies for Teachers and Ancillary Personnel Working with Autistic Students

Donnellan (1980) proposes the following list of competencies which are recommended for mastery by those who work with students with autism and other severely handicapping conditions:

1. The ability to assess and document across a variety of activities and settings the student's learning strategies, performance, rate, and degree of generalization and stimulus control difficulties;

2. The ability to assess the particular language characteristics and communicative needs of an individual student and to develop appropriate programs which incorporate systematic language and communication development as part of all curriculum domains and instructional activities;

3. The ability to inventory a variety of current and future environments selected in consultation with parents and/or guardians, in order to identify important activities performed by nonhandicapped persons;

4. The ability to identify and incorporate the natural cues and correction procedures on which nonhandicapped persons rely;

5. The ability to inventory and analyze the skills necessary for a given student to perform in a wide variety of natural environments;

6. The ability to choose and prioritize, in consultation with parents or guardians, a variety of instructional activities which will enhance the ability of each student to perform effectively in the natural environments delineated;

7. The ability to coordinate the unique needs of all of the students in the class so that the class can function as a whole, yet meet the needs of each student;

8. The ability to use a variety of instructional strategies to effect student learning;

9. The ability to use a range of appropriate behavioral management strategies with due consideration given to the legal, ethical, and administrative issues involved, as well as to the natural environments in which the strategies might have to be implemented;

10. The ability to monitor student progress and to make program decisions based on data collected in a variety of school and non-school environments;

11. The ability to select clusters of activities so that the individual student can use what is learned in one activity or environment to enhance his learning in another (pp. 80-81).

Although autistic children learn much more slowly than normals, retardates, and other handicapped youngsters, they do achieve regularly in highly structured settings when a consistent system of instruction is implemented with prompts, and immediate reinforcements for appropriate behaviors. In a warm, secure, and rewarding atmosphere where extraneous stimuli are limited, autistic children can fully realize their highest potentials. The consistency of behavioral plans between the school and home environments largely determines the extent of achievement of behavioral goals and normalization. Maximum cooperation of parents and teachers immensely enhances the likelihood that an autistic child can escape what has been the status quo for this population until recent years: lifelong institutionalization.

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MODIFICATION SHEET

My suggested modification is with reference to the section entitled

_____,

of the chapter on _____,

on page(s) _____.

- ☐ Needs additional resources
- ☐ Inaccurate as it was
- ☐ Unclear as it was
- ☐ Too brief as it was
- ☐ Too lengthy as it was
- ☐ Too repetitive as it was
- ☐ Other: _____

I am proposing the following change(s).

Please duplicate additional sheets as needed.

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